

Autism Together

Nelson's Croft

Inspection report

71 Church Road
Bebington
Wirral
Merseyside
CH63 3EA

Tel: 01513347510
Website: www.wirral.autistic.org

Date of inspection visit:
12 June 2019

Date of publication:
18 July 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

.About the service

Nelson's Croft is a small care home that is part of the range of services provided by Autism Together and was registered to provide accommodation and personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. Three people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when supporting people in the community and in the home.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

During the inspection we observed warm and comfortable relationships between staff and people living in the home. Feedback from the relatives we spoke with was all positive. People were encouraged and supported to maintain and improve their independence.

Medication needs were assessed and medication was only given by staff who were trained to do so. Staff were recruited safely, and incident and accidents were analysed for patterns and trends. Risks to people were assessed safely, care plans were person centred and regularly updated. Care records contained important information regarding people's histories, families, likes and dislikes. This information was used to personalise support to meet each person's needs.

The home was clean, however we identified that a shower room was in need of refurbishment. This was organised and the registered manager informed us of the expected date following the inspection.

The registered manager and provider made effective use of audits and other sources of information to review and improve practice. People were able to give their opinions on their care service and a range of communication methods were in place to ensure people continued to have this opportunity.

Staff received supervisions and attended regular meetings. Feedback from staff we spoke with was all positive and we were told how supportive the register manager was.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 24 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nelsons Croft on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Nelson's Croft

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Nelson's Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and other professionals who also work with the service. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with two relatives of people using the service to ask about their experience

of the care provided. We spoke with care staff, the registered manager, the home manager and we also interacted with three people who had limited verbal communication but were able to show how they felt in other ways.

We reviewed a range of records. This included two people's care records and medicine records. We also visited the providers head office and looked at three staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Following the inspection, the provider sent us requested documents including policies and training information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We saw that safeguarding referrals had been appropriately made by the registered manager and the provider had safeguarding policies in place for staff guidance.
- Staff had received safeguarding training that was regularly updated.

Assessing risk, safety monitoring and management

- Relatives we spoke with told us that they felt their loved ones were safe. One relative told us "To convince me that my child is safe, I had fears about him, but I have nothing but the highest praise."
- There were appropriate risk assessments in place for risks that may arise whilst supporting a person. They were detailed and offered guidance for staff in relation to how to keep people as safe as possible while protecting their freedom.
- Risks to people were managed in a way that respected individual diverse needs. Measures had been taken to reduce identified risks to people. Examples included triggers for challenging behaviour, signs of anxiety or upset and other potential risk factors and suggested strategies.
- Equipment and utilities of the house that people lived in were checked regularly to ensure they remained safe for use.
- Fire equipment checks and fire drills were regularly completed. A fire risk assessment had been carried out by an external company in 2017. The actions identified to ensure the premises were up to legal standard had been completed however it was not clear recommendations were completed or still to be carried out. This was discussed with the registered manager who told us that this had been raised with their line manager recently and was to be actioned.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.

Staffing and recruitment

- We looked at four staff recruitment records and all were in order with all relevant checks completed.
- Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.
- The provider employed their own bank staff who were regularly used when cover was needed for shifts. This meant that familiar staff were available for the people living in the home. The registered manager and

provider were in the process of recruiting.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow. Staff also had access to best practice guidance regarding medicines.
- Staff who were administering medication had completed training and had their competence assessed regularly to ensure they were safe to manage people's medicines.

Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.

Learning lessons when things go wrong

- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed regularly by the registered manager which enabled them to analyse trends.
- We saw how lessons were learnt through any errors that had been identified, for instance a medication error had been identified and this was used as a learning opportunity.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.
- People were involved in discussions about their care and their outcomes were good. A relative told us, "It's very led by [Person's] needs and we have regular meetings about care."

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff. Staff we spoke to told us that the induction was very good. One staff member said, "The induction was fabulous, superb."
- Staff were also given regular additional training to improve their skills and knowledge. One member of staff said, "[Provider] is very supportive and there's good training." One relative told us "The staff seem to know their stuff."

Supporting people to eat and drink enough to maintain a balanced diet

- Support plans documented when people required support with preparing food and drinks.
- Records showed that when people required their intake to be monitored, systems were in place to ensure these records were completed accurately and reviewed regularly.
- People were protected from risks associated with unhealthy eating. We saw risk assessments were in place in regard to healthy eating.
- People chose what they wanted to eat and weekly menus were devised according to people's wishes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with healthcare professionals to ensure that people received the care they needed. We saw evidence in support files that GP's and other healthcare professionals maintained their involvement when people accessed the service at Nelsons Croft.
- Staff were aware of people's individual healthcare needs and were able to explain how they met these needs through the provision of care, support and activities.

Adapting service, design, decoration to meet people's needs

- Nelsons Croft is based in one large residential building that is separated into two halves that house four people in each house. It is close to local facilities and externally, there was nothing to indicate that it was a registered care home which helped to promote the concept of community living.

- One relative told us how the registered manager and staff had adapted access to the grounds for the benefit of the person. We were told "I told them [person] needed the garden and I suggested a change for [person] to have free access to the garden."
- We observed that people were able to personalise their rooms.
- We saw that there were sufficient communal bathing facilities that was accessible for those living in the home. One shower room was in need of repair and decoration and the registered manager was able to tell us when this was going to happen following the inspection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- On the day of the inspection we observed that people living in the home looked comfortable with the staff and this was commented on by relatives we spoke with. Relatives spoke very positively about the caring nature of staff. They told us they were always treated well by staff and were involved in decisions about their care. One relative said, "[Person] feels comfortable enough to say 'no'" and another told us "The dedication of the staff are apparent."
- We asked if staff listened and acted on the wishes of the people living in the home and we were told 'yes'.

Supporting people to express their views and be involved in making decisions about their care

- It was stated in individual support plans the best way to communicate with each person to understand their choices. This included how to form sentences and how to re-word sentence to ensure peoples choices were listened to. We saw another instance where staff had guidance on a person's preferred way of communication being sign language.
- The managers had held 'resident's meetings' where people were asked their opinions on aspects of the home, menus and activities. The meeting minutes showed that people were able to have input and were listened to. The meeting minutes also documented the communication methods staff used to ensure the people living in the home were able to put their opinions forward.
- The provider carried out an annual satisfaction survey and on the last one a person asked for a specific activity on a specific day. This was put in place and was adapted into their plan of support.

Respecting and promoting people's privacy, dignity and independence

- Records regarding people's care and treatment were stored securely. This respected people's rights to confidentiality.
- Relatives told us that staff encouraged people to be as independent as they could be and records reflected this. An example of this was how one person liked helping staff prepare meals and watering plants. Another was how staff used TEACCH methods to support a person to gain independence in daily living. TEACCH is an adaptive way of tailoring support for a person to help them learn effectively.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs had been assessed and support plans had been developed to meet those needs. Support plans were detailed regarding the support people required and had been reviewed regularly.
- People's preferences in relation to their care and treatment, daily routines and how they liked to spend their time was clearly documented. An example of this was how one person liked to spend their evenings and another how they spent their Saturday.
- The registered manager and staff knew the people they supported well, including their dietary needs and preferences, activities they preferred, how best to approach people and how to support people if they became agitated or upset. We were able to discuss people's needs in depth with staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw how the provider was able to make sure information was available in different ways for the benefit of the people living in the home. Examples of this included the service user guide was available in different formats for people with different communication needs. We saw evidence of how daily routines were in pictorial forms on their wall to reduce the persons anxiety and make the day enjoyable.
- We also saw that the complaints procedures and quality questionnaires were also available in different formats for the benefit of the people living in the home.
- Staff were able to explain how different people made use of facial expressions, body language and behaviour as alternative forms of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew people's personal histories and their likes and dislikes. Where people were reluctant to participate in activities, they were encouraged, but their decision was respected.
- Support plans also held information about how people wanted to access additional activities such as meals out and visiting specific shops and how this was met.
- One relative told us how the staff were very supportive during the time their family member was moving into the home and how they were always involved in the care being provided.

Improving care quality in response to complaints or concerns

- A complaints policy was available and this was on display within the home. This was also available in an 'easy read' version for ease of understanding for those living in the home.
- People told us they knew how to make a complaint should they need to and relatives agreed. People and their relatives were able to name the manager and said they felt comfortable approaching both the staff and the registered manager with any comments.
- The registered manager maintained a log of any complaints received and records showed they were investigated and responded to appropriately. The registered manager told us that complaints would be received positively and used as an opportunity to improve the service.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- However, the registered manager told us how they would support people wishes and we were provided with the providers end of life policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- We saw evidence of how the registered manager and staff worked closely with others to achieve positive outcomes for people living in the home.
- One person was able to move from Nelsons Croft to an environment that offered more independence, this was a combined effort with multiple agencies and continued to be a success.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers had shared information with the CQC as required.
- The registered manager and the staff we spoke with were clear with regards of what was expected of them within the home.
- The provider had an action plan in place for improvements being made at the service following the Registering the Right Support guidelines. Also, as part of the providers change they had become accredited for positive behavioural support. The provider now had a full time positive behavioural support lead so referrals to community service had been reduced.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at Nelsons Croft were involved in discussions about concerns and improvements in different ways. They were invited to attend regular meetings and complete questionnaires, or they could choose to engage less formally by speaking to staff. One relative told us "We have regular meetings about the care."
- The service had developed relationships with other healthcare professionals, and we saw that links had been forged with other services to ensure people were engaged with and their needs were considered and respected.
- Staff were supported to express their views and contribute to the development of the service at team

meetings and handovers. The staff that we spoke with said that they could approach the registered manager at any time. One staff member said, "They're very supportive and we get good training."

- Team meeting minutes showed discussions held on policies including infection control, safeguarding, the provider vision and values and how the organisation works in the best interests for people living in the home. We saw that there was a 'topic of the month' for example autism and relationships.